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APPLICANTS  
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\*\* CONTINUING DATA \*\*\*\*\* *S.S.W.* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *S.S.W.* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>S.S.W.</i> Examiner's Signature Initials	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 2
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TITLE  
 Information delivery system

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